

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 100-242485 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5	3		1			
6	1		1			
7		1		1		
8	1		1			
9		1		1		
10	1		1			
11	1		1			
12	1		1			
13	5		1			
14	70		1			
15	0		1			
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17						
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	15	←	13	←		←
TOTAL CLAIMS	21	[REDACTED]	15	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓				↓
TOTAL DEP.		←				←
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]